

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Optometric Association Political Action Committee

ADDRESS (number and street)

1505 Prince Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Fred Dubrick O.D.

Signature of Treasurer

Fred Dubrick O.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2014		503410.42
(b) Cash on Hand at Beginning of Reporting Period.....	503410.42	
(c) Total Receipts (from Line 19) .....	49195.80	49195.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	552606.22	552606.22
7. Total Disbursements (from Line 31) .....	142500.19	142500.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	410106.03	410106.03
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 01 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

28830.60

28830.60

(ii) Unitemized .....

20329.43

20329.43

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

49160.03

49160.03

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

49160.03

49160.03

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

35.77

35.77

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

49195.80

49195.80

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

49195.80

49195.80

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	78000.19	78000.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	78000.19	78000.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64500.00	64500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	142500.19	142500.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	142500.19	142500.19

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49160.03	49160.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49160.03	49160.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	78000.19	78000.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	78000.19	78000.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Larry Brett Abney**

Mailing Address 31 Bobby Bland Way

City

Leitchfield

State

KY

Zip Code

42754-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 01 / 2014

Transaction ID : 36743854

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Mark K Helgeson**

Mailing Address Po Box O

City

Park River

State

ND

Zip Code

58270-0714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 03 / 2014

Transaction ID : 36747300

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Kelly de Simone**

Mailing Address 14417 S 24TH PL

City

PHOENIX

State

AZ

Zip Code

85048-9015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 02 / 2014

Transaction ID : 36747381

Amount of Each Receipt this Period

211.00

SUBTOTAL of Receipts This Page (optional)..... ►

961.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Donald E Jarnagin**

Mailing Address 13505 N 64Th Ave

City

Glendale

State

AZ

Zip Code

85304-1043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 02 / 2014

**Transaction ID : 36747382**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr John Petrowski III**

Mailing Address 2111 HEMLOCK HILL DR

City

DURHAM

State

NC

Zip Code

27703-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 06 / 2014

**Transaction ID : 36767672**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Deanna Swafford Alexander**

Mailing Address 4127 Cedargate Dr

City

Fort Collins

State

CO

Zip Code

80526-3386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2014

**Transaction ID : 36767676**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Stephen Beckerman**

Mailing Address 1465 GORDON TER

City

DEERFIELD

State

IL

Zip Code

60015-4738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
01 / 07 / 2014

Transaction ID : 36771170

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Andrew Stephen Peyton Jr**

Mailing Address 3473 Crystal Ln

City

Lancaster

State

PA

Zip Code

17601-1167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 07 / 2014

Transaction ID : 36771171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Cheryl Schmitt**

Mailing Address 4200 W Oasis Dr

City

Tucson

State

AZ

Zip Code

85742-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY  
01 / 03 / 2014

Transaction ID : 36775682

Amount of Each Receipt this Period

211.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

761.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffery A Calmère**

Mailing Address 650 Benvenue Ave

City

Los Altos

State

CA

Zip Code

94024-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 03 / 2014

Transaction ID : 36775683

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Linda Kyungsook Hur**

Mailing Address 650 Benvenue Ave

City

Los Altos

State

CA

Zip Code

94024-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 03 / 2014

Transaction ID : 36775684

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Fred Dubick**

Mailing Address 4047 Meadow Lark Dr

City

Calabasas

State

CA

Zip Code

91302-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 07 / 2014

Transaction ID : 36775686

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr J. Eric Paulsen**

Mailing Address 1801 Memorial Dr

City

Sturgeon Bay

State

WI

Zip Code

54235-1064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 36778373

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Mary Pirotte Hemphill**

Mailing Address 14627 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 36793810

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Wayne Hemphill**

Mailing Address 14627 S HAGAN ST

City

OLATHE

State

KS

Zip Code

66062-9005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 10 / 2014

Transaction ID : 36793812

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James P De Vleming**

Mailing Address 670 SE Meadow Vale Dr

City State Zip Code  
 Pullman WA 99163-2445

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

MM / DD / YYYY  
 01 / 14 / 2014

**Transaction ID : 36806236**

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**B. Dr George M Sanchez**

Mailing Address 1009 E Sandpiper Dr

City State Zip Code  
 Tempe AZ 85283-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY  
 01 / 10 / 2014

**Transaction ID : 36806268**

Amount of Each Receipt this Period

211.00

Full Name (Last, First, Middle Initial)

**C. Dr David A Cockrell**

Mailing Address 6111 W Canterbury St

City State Zip Code  
 Stillwater OK 74074-1038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
 01 / 08 / 2014

**Transaction ID : 36806281**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2378.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Cherry B Cockrell**

Mailing Address 6111 W Canterbury St

City State Zip Code  
Stillwater OK 74074-1038

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 08 / 2014

Transaction ID : 36806282

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Dr David Brian Golden**

Mailing Address 11245 Washington Blvd

City State Zip Code  
Whittier CA 90606-3111

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 08 / 2014

Transaction ID : 36806284

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Benjamin L Whittredge**

Mailing Address 7 Puesta Del Sol

City State Zip Code  
Hutchinson KS 67502-9012

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 13 / 2014

Transaction ID : 36806287

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2490.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Scott M Walters**

Mailing Address 1025 Nw Regent Dr

City

Grants Pass

State

OR

Zip Code

97526-3383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 18 / 2014

Transaction ID : 36821187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Cheryl Schmitt**

Mailing Address 4200 W Oasis Dr

City

Tucson

State

AZ

Zip Code

85742-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 18 / 2014

Transaction ID : 36821261

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Lisa Lynn Slaby**

Mailing Address 6368 Aspen Dr

City

Sobieski

State

WI

Zip Code

54171-9654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 20 / 2014

Transaction ID : 36821412

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr John Hawley**

Mailing Address 1513 POLLEN CREST CT

City

BAKERSFIELD

State

CA

Zip Code

93314-8513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2014

**Transaction ID : 36826399**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Daniel Allen Robison**

Mailing Address 21081 Sw Jameco Ct

City

Tualatin

State

OR

Zip Code

97062-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 22 / 2014

**Transaction ID : 36826528**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr William H Simons**

Mailing Address 66 Cloverview Dr

City

Helena

State

MT

Zip Code

59601-0251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : 36834750**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Elizabeth Christensen**

Mailing Address 309 Horizon Dr

City

Encinitas

State

CA

Zip Code

92024-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 36838206

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Dr Elizabeth Christensen**

Mailing Address 309 Horizon Dr

City

Encinitas

State

CA

Zip Code

92024-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 22 / 2014

Transaction ID : 36838254

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Dr David P Dozack**

Mailing Address 228 Timothy Ln

City

Horseheads

State

NY

Zip Code

14845-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2014

Transaction ID : 36838377

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Timothy A Stafford**

Mailing Address 1012 Julius Richardson Rd

City State Zip Code  
 Irmo SC 29063-9740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : 36838381**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Steve Nguyen**

Mailing Address 7417 PRIMROSE DR

City State Zip Code  
 IRVING TX 75063-5507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : 36838385**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Clarke Newman**

Mailing Address 3311 Throckmorton St.  
 Apt A4

City State Zip Code  
 Dallas TX 75219-3663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : 36838430**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Jennifer L Planitz**

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

454.50

Date of Receipt

01 / 28 / 2014

Transaction ID : 36838434

Amount of Each Receipt this Period

454.50

Full Name (Last, First, Middle Initial)

## **B. Dr William Hasquet**

Mailing Address 2503 GOLD RUSH AVE

City

HELENA

State

MT

Zip Code

59601-5668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

Transaction ID : 36842320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Dr Marcus H Kelley**

Mailing Address 363 S Harrison Avenue

City

Helena

State

MT

Zip Code

59601-6903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

Transaction ID : 36844740

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1454.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey Autrey**

Mailing Address 125 Regent Dr

City

Bel Air

State

MD

Zip Code

21014-5930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

Transaction ID : 36845988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DR Herman Ginger**

Mailing Address 3901 Divoky Rd

City

Pine Bluff

State

AR

Zip Code

71603-9505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 31 / 2014

Transaction ID : 36846837

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**c. Dr James D Sandefur**

Mailing Address 219 Blue Bush Rd

City

Oakdale

State

LA

Zip Code

71463-4911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 27 / 2014

Transaction ID : 36846838

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul Dunderland**

Mailing Address PO BOX 169

City

BOTTINEAU

State

ND

Zip Code

58318-0169

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2014

**Transaction ID : 36846839**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Stephen Montaquila**

Mailing Address 28 Peveril Rd

City

Cranston

State

RI

Zip Code

02921-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2014

**Transaction ID : 36846842**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Dr Barry Alan Weissman**

Mailing Address 2567 Amherst Ave

City

Los Angeles

State

CA

Zip Code

90064-2711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2014

**Transaction ID : 36850424**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 27

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr D. William Lakin**

Mailing Address 44260 Boulder Dr

City

Clinton Twp

State

MI

Zip Code

48038-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2014

**Transaction ID : 36850425**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Kristi M Kading**

Mailing Address 355 Merritt Pl Ne

City

North Bend

State

WA

Zip Code

98045-8984

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1976.10

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2014

**Transaction ID : 36850437**

Amount of Each Receipt this Period

1976.10

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2226.10

28830.60

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Optometric Association Political Action Committee

**A. Membership Marketing Services, Inc.**

Mailing Address 1280 Perimeter Parkway

City	State	Zip Code
Virginia Beach	VA	23454

### Purpose of Disbursement

### Fundraising Consulting

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 36806365

Amount of Each Disbursement this Period

76666.70

Fundraising Consulting

Full Name (Last, First, Middle Initial)

### B. WellsFargo

Mailing Address 1650 Tyson Blvd.

City	State	Zip Code
McLean	VA	22102

Purpose of Disbursement	Bank Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y  
01 13 2014

Transaction ID : 36826310

Amount of Each Disbursement this Period

600.69

### Bank Fees

Full Name (Last, First, Middle Initial)

### C. Bank of America

Mailing Address PO Box 790251

City	State	Zip Code
St. Louis	MO	63179

### Purpose of Disbursement American Express Fees

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 36850409

Amount of Each Disbursement this Period

113.53

## American Express Fees

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

77380.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 27

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 790251

City St. Louis      State MO      Zip Code 63179

Purpose of Disbursement  
Visa/MC Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01      02      2014
**Transaction ID : 36850410**

Amount of Each Disbursement this Period

544.09

Visa/MC Fees

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 790251

City St. Louis      State MO      Zip Code 63179

Purpose of Disbursement  
Bank Fees

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01      15      2014
**Transaction ID : 36850411**

Amount of Each Disbursement this Period

75.18

Bank Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

619.27

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

619.27

78000.19

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Independent Action, Inc.**

Mailing Address 1619 13th Street NW

City  
WashingtonState  
DCZip Code  
20009Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Independent Action, Inc.**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

**Transaction ID : 36776674**

Amount of Each Disbursement this Period

5000.00
---------

Committee Contribution

Full Name (Last, First, Middle Initial)

**B. Duckworth For Congress**

Mailing Address P.O. Box 59568

City  
SchaumburgState  
ILZip Code  
60159Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Tammy Duckworth**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL

District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		13		2014

**Transaction ID : 36793364**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. PITTSPAC**

Mailing Address 62 Paradise Lane

City  
RonksState  
PAZip Code  
17572Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**PITTSPAC**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		16		2014

**Transaction ID : 36811243**

Amount of Each Disbursement this Period

5000.00
---------

Committee Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
----------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2014

Mailing Address 320 First Street, S.E

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Committee Contribution

011

**Transaction ID : 36823618**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**National Republican Congressional Committee**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Committee Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Republican National Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2014

Mailing Address 310 First Street, S.E.

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Committee Contribution

011

**Transaction ID : 36823619**

Amount of Each Disbursement this Period

15000.00
----------

Candidate Name

**Republican National Committee**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Committee Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C. CMR PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2014

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement  
Committee Contribution

011

**Transaction ID : 36823620**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**CMR PAC**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Committee Contribution

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00
----------

--



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2014

Mailing Address 430 S. Capitol Street, S.E.

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Committee Contribution

011

**Transaction ID : 36823621**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**Democratic Congressional Campaign Committee**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Committee Contribution

State: District:

Full Name (Last, First, Middle Initial)

**B. Peters For Michigan**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2014

Mailing Address PO Box 226

City	State	Zip Code
Bloomfield Hills	MI	48303

Purpose of Disbursement  
Candidate Contribution

011

**Transaction ID : 36825125**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Gary Peters**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Candidate Contribution

State: MI District:

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2014

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement  
Candidate Contribution

011

**Transaction ID : 36838249**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

**Rep. Michael C. Burgess M.D.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Candidate Contribution

State: TX District: 26

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Hawkeye PAC**

Mailing Address P.O. Box 192

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**Hawkeye PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2014

**Transaction ID : 36839795**

Amount of Each Disbursement this Period

5000.00
---------

Committee Contribution

Full Name (Last, First, Middle Initial)

**B. BAMPAC**

Mailing Address PO Box 2315

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**BAMPAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

**Transaction ID : 36840061**

Amount of Each Disbursement this Period

1000.00
---------

Committee Contribution

Full Name (Last, First, Middle Initial)

**C. Jeff Miller For Congress**

Mailing Address P. O. Box 126

City	State	Zip Code
Pensacola	FL	32591

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Jeff B. Miller**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2014

**Transaction ID : 36846814**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Adrian Smith For Congress**Mailing Address 3321 Avenue I  
Suite 6City State Zip Code  
Scottsbluff NE 69361Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Adrian Smith**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NE District: 03Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2014

**Transaction ID : 36846815**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Alexander for Senate, Inc.**

Mailing Address P.O. Box 121919

City State Zip Code  
Nashville TN 37212Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Lamar Alexander**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: TN District:Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2014

**Transaction ID : 36846816**

Amount of Each Disbursement this Period

500.00
--------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Alexander for Senate, Inc.**

Mailing Address P.O. Box 121919

City State Zip Code  
Nashville TN 37212Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Lamar Alexander**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: TN District:Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2014

**Transaction ID : 36846817**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
---------

64500.00
----------